Approved for use through 7/31/2006. OMB 0651-0032

PATE	NT APPL	ICATIO	no persons are re	quired to respor	on d to a collection of i	nformation un	less it disp	DEPARTMENT lays a valid OM	OF COMMERC
			titute for Form P		ON RECORD		Applic	ation or Docket	Number
	CLAIMS A	SELE	n. PARTI				1/	IUSO	64X
CLAIMS AS FILED - P/ (Column 1)				Column 2)	SMALL	ENTITY	OR	OTH	ER THAN
FOR	FOR NUMBER FILED		D NUM	BER EXTRA	7	T	7	SIMAL	L ENTITY
BASIC FEE COT CER (LINTUR)		NOW	BEREXIKA	RATE	FEE	-{	RATE	FEE	
7. FAL C. 477.3 66 CFR 1.10(c):	<u> </u>				-	\$	Cod		\$
INDEPENDENT CLAIMS		ศากักบร	20 =		X \$=		OR	x s =	
(37 CFR 1.16(b)) minus			3 =		X S=		OR	X S =	-
LUCTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 5=		OR	+ 5 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		1		
CLA	IMS AS AM	4ENIDET	D – PART II			L	OR	TOTAL	L
3-72-01		ICHOCL) = PARTII						
0 0009	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN
¥ 1	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE]	SIMALL	ENTITY
Z	AFTER MENOMENT	1	PREVIOUSLY PAID FOR	EXTRA	KATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total (37 CFR 1.16(c))	20	Minus	" 20	= /		FEE /			FEE
Total	3	Minus	7	= /	X \$=	/	OR	X \$=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(d))					X \$=		OR	=	/
	ON OF MOLITE	E DEPENU	ENT CLAIM (37 CF	R 1.18(d))	+\$_=		OR	+\$=/	
5/1000					TOTAL ADD'L FEE	l	OR -	TOTAL ADD'L FEE	
3-609 "	Column 1)		(Column 2)	(Column 3)	•			1.50 2.122	
9 n R	CLAIMS EMAINING		HIGHEST NUMBER	PRESENT	5475		1		
Z HUNN	AFTER MENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL		RATE	addi- Tional
☐ AN Total (37 CFR 1.16(c)) · (19	Minus	" 20	= /		FEE	,		FEE
Z Independent • (37 CFR 1.16(a))	7	Minus	2	-/	X \$=	<i>\</i>	OR	X \$=	
Z FIRST PRESENTATION	100 1111 777 6			-/-	x s =	/	OR	x s=	/_
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+s =	
d . (1)					ADD'L FEE		ÓR	TOTAL ADD'L FEE	/
9-9-04 10	Column 1)		(Column 2)	(Column 3)	L			1	/
	CLAIMS EMAINING		HIGHEST NUMBER	PRESENT			Γ		
Z AM	AFTER ENDMENT		PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total • (37 CFR 1.16(c))	1	Minus	PAID FOR	= /		FEE	-		FEE
Total (37 CFR 1.16(c)) - (37 CFR 1.16(b)) - (47 CFR	12	Minus	Org	= /	x \$=	+	OR	x \$=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1. (6(d))					X \$=		OR	× \$=	
The second of th	+3 =		OR	+ \$	1.01_1.1				
* If the entry in ont	1 in last #		_		TOTAL ADD'L FEE	' 7		TOTAL / ADD'L FEE	
* If the entry in column ** If the "Highest Numbe *** If the "Highest Numbe					nter "20".		,	/ L	
The "Highest Number	Previously Pa	aid For".ll id For" (To	N THIS SPACE is I otal or Independen	less than 3, ente	rember found is 4	3 noo 1 4 -			
collection of information	is required to	4 37 CED	1.10 75	1,10,34	iourio in the	abbiobusie	uloo.qj.xou	ıma 1	1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the public which i

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.